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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PUERPERAL MANIA AND CONVULSIONS, TREATED BY HYPODERMIC INJECTIONS.

By D. B. HILLIS, M. D.

Of Keokuk, Iowa.

Mrs. V. K.—, of this city, ret. 27; nervo-sanguine temperament; full habit and good health; was delivered, November 10th, 1869, after 12 hours labor, of a living child. Nothing unusual was noticed in her mind or conduct prior to confinement, unless it was that she was more excitable and loquacious than usual, but during the succeeding five or six days she did not sleep any. For this condition her physician, Dr. S., gave her several portions of morphia, which, as her family thought, not only failed to quiet, but made her more restless. In all other respects her condition seemed healthy. The opiate having failed, her medical attendant ordered "bitters" with better effect, causing her to sleep some during the two or three succeeding nights, when she relapsed into insomnia. Her reason now began to be manifestly unsettled, and she became perverse, petulant, and filled with vagaries; a condition foreign to her natural disposition, which was mild, pleasant, and confiding. It was now proposed that her physician, who had discontinued his visits several days previously, should be recalled; but this she violently opposed, declaring that his presence would certainly give her convulsions; that she could not, and would not endure him. This, to her friends, was the most alarming symptom, as he had been very kind, and was much esteemed by her. In consequence of her opposition, however, he was not sent for, but an old woman, of homeopathic pretensions, was found and kept in the house, as it was thought

she might be useful as a nurse, if nothing more. But this proved to be a dangerous experiment, for, under her instructions, the patient was not permitted to sleep, and soon lost all desire or power to do so; going from bad to worse, she finally became wildly delirious. Such was the history of the case up to the time I was called, the evening of December 6th, when I was informed she resisted the presence of any one; imagined she was the Savior of the world; that she was imposed on by her husband and all others; calling them demons, etc., and had driven the old homeopathic nurse from the premises—a good thing. When I approached her bed-side, she declined talking with me, but, at the same moment, directed my attention to the bruised condition of her hands. Under the pretense of examining the hands, I felt the pulse, which was cored and 140 per minute, as near as I could tell, on account of the severe subsultus of the tendons of the forearm. I thought to indulge her whim as to bruised hands, with which there was nothing wrong, and get control of her mind, by suggesting that she permit me to relieve them; but she instantly informed me that, as she was the Savior, my assistance was not needed. She was very restless; had a wild, staring look, with pupils greatly dilated, and had not slept for many days. The milk was suppressed, and the lochia had ceased. As it was impossible to make anything like a satisfactory examination of the patient, the pathology of the case was involved in doubt. My opinion, however, was, that the disease was parturient and only functional; and that the important indication in the treatment was to induce rest and sleep. Fearing an indiosyncracy contra-indicating opium, I ordered the tincture of stramonium, in ten drop doses every hour.

December 7th 7 $\frac{1}{2}$ A. M.—The husband called at my office; reported his wife still delirious;

she had rested some, but had not slept. I prescribed, potas. bromidi, 30 grains to be given immediately, followed by 20 grain doses every two hours until she slept.

10 A. M.—Patient calmer, but had not slept, pulse 120; subsultus; could not see the tongue. Fifty grains of the bromide of potassium had been given, I ordered it continued as before.

4 P. M.—Condition about as it was in the morning; had not slept; pulse 100, and feeble. Same treatment continued.

10 P. M.—Husband reported; wife no better; had not slept; was more frenzied. As she had now taken 150 grains potas. bromidi, without benefit, I ordered it stopped, and requested consultation.

11½ P. M.—Met Professor Cleaver, of the Obstetrical chair in the Medical Department of the Iowa State University, in consultation. The patient was now having clonic convulsions, of a tetanic character, following each other in quick succession; was more frenzied than ever, and seemed much exhausted; was sitting on the side of the bed; where she was held by three or four attendants; pulse 140. At the suggestion of Prof. C., chloroform liniment was applied along the spine, and she was put on fifteen drop doses of laudanum, in a tablespoonful of brandy, every hour until quieted.

December, 8th 7½ A. M.—Husband reported that the medicine had been given faithfully, but had failed to quiet, and that his wife was in about the same condition as when seen by Prof. C. and myself. The laudanum having failed, and still having a lingering faith in the bromide of potassium, I ordered it resumed giving for the first portion forty grains, to which was added five grains of the bromide of ammonium; the bromide of potassium to be continued in ten grain doses every hour.

10 A. M. the patient was up in bed supported by her attendants; spasms continuing; great subsultus, and in a general quiver of excitement; articulation indistinct; froth issuing from the mouth; pulse cannot be counted, on account of the severe subsultus. It was evident, that if this great excitement was not speedily subdued, death, from exhaustion would soon ensue. I now determined to try the hypodermic injection of morphia, and at once injected the eighth of a grain of the sulphate of morphia in solution, into the back near the third lumbar vertebra. Sleep followed at the expiration of six minutes; after

which she awoke as frantic as ever, with general convulsive twitchings of the face, body, and limbs. In about ten minutes I repeated the injection of the same amount near the same point, and in five minutes she again slept, this time twenty minutes, during which she snored loudly. She awoke still frenzied, but calmer, with not much spasmotic action, but a good deal tendinous subsultus. In fifteen minutes I once more injected the same quantity, a short distance from former place, and having other patients to visit left her sleeping.

1½ P. M.—After the last injection she slept forty minutes, but was again excited and subsultic, I now injected one-fourth of a grain of the morphia, when she again slept twenty minutes; waking much excited, but with less subsultus. After waiting a sufficient time to see if she would again pass under the influence of the last portion, and finding that she did not, I injected the eighth of a grain. This last portion was given at two o'clock; I remained half an hour, and left her sleeping.

5, P. M.—She was still sleeping; no subsultus; pulse, 100; respiration, 13. Having instructed the attendants to give cold water, and the essence of beef, freely, if opportunity offered, I left for the night.

December 9th, 10 A. M.—Found her awake and more rational; no subsultus; pulse 90; had slept eighteen hours after the last injection, waking but once, when she asked for something to eat, and having drank freely of the beef essence went to sleep. Ordered her well fed and the room to be kept dark and quiet.

9 P. M.—She had slept most of the day, had several times taken sweet milk and essence of beef; mind about the same as at last visit; nerves quiet; pulse, 95; tongue moist and slightly furred; ordered an enema of warm water and salt, to open the bowels, and vagina cleansed with warm water; diet as before.

December 10, 10 A. M.—She had slept the greater portion of the night: mind still improving; a little subsultus; pulse, 100. The enema of the evening previous had caused a slight action. Fearing a relapse I once more injected the eighth of a grain of morphia into the back, to which she made but little opposition.

10 P. M.—Patient had slept nearly all day; pulse, 90; nerves steady; mind much better and she took quite an interest, for the first time, in my directions to the nurse. Gave her a powder of calomel and podophyllin.

December 11th.—A messenger called in the early morning, saying that Mrs. V. K. wanted to see me. Upon arrival I found her perfectly rational. The purgative of the evening previous had acted rather severely, causing considerable prostration. The pulse was 90, and weak.

Suffice it to say, from this time onward the progress of the patient toward recovery was rapid. At the end of four days after the first subcutaneous injection, all symptoms of disease, save, perhaps, a slight excitation observable only to the intimate friends, had disappeared. The chief feature of interest in this case is in the manner in which the curative agent, morphia, was introduced into the system.

After the free use of opium, in the ordinary way, had failed of effect, sleep is induced almost on the instant by the hypodermic use of one of its alkaloids. And this result followed a number of somewhat tentative introductions of the medicine. Finally, upon the injection of what cannot be considered a large portion of morphia, a sleep, eighteen hours in duration is secured.

It may be safely inferred, that at least in this case the hypodermic method presented marked advantage over the plan per anum.

ERGOT.—SECALE CORNUTUM.

By J. W. HADLOCK, M. D.

(Read before the Cincinnati Academy of Medicine, Jan. 3d, 1870.)

Mr. President, I propose to occupy the attention of the Academy this evening, for a brief period, upon the subject of ergot.

This remedy is a metamorphosis of the cereals, and is found in greatest abundance in wet and warm seasons. The exact nature of the change in the grain by which this remedy is produced has not yet been accurately determined. Some regard it as a metamorphosis of the grain produced by warmth and moisture; others look upon the disease of the grain as produced by the sting of insects; whilst the larger number of observers insist that the spurred rye is a parasitic fungus.

It has been, and is recognised by a number of synonyms. In the seventeenth century it was known as a popular oxytocic, in Germany, under the name of *mutter-horn*, *womb-grain*; *Gebarpulver*, *pulvis parturi faciens*, *seigle ergot*; *pulvis parturiens*, *pulvis ad partum*, are some of the appellations which it has received.

In 1824 it was called, by way of condemnation, by Dr. Hosack, *Pulvis ad Mortem*. Its status has been more unsteady, it has been subject to more vacillation than any remedy in the entire *materia medica*. Some attributing to it the most powerful action, others of equal standing insisting that it was totally inert. At one period it would seem firmly established in the confidence of the profession, but no sooner had it acquired this position than it would be attacked by gentlemen of undoubted powers of observation, and its ability as a uterine stimulant, not only questioned, but positively denied. Again it would be put upon its trial and be compelled, *de novo*, to work its way to the confidence of the profession.

HISTORY OF ERGOT.

To this century and to this country belongs the credit of introducing this agent into use in the practice of midwifery. Dr. Stearns of Waterford, New York, in 1807 described it under the name of *Pulvis Parturiens*. In his communication he stated that he had employed it with great advantage in cases where the pains had subsided and were incompetent to expel the fetus. He gave in his paper, directions for its administration and the indications for its use, which are recognised to this day.

It is first mentioned in the year 1096, and in 1576 a pestilential affection, was attributed to the use of flour which contained ergot. In 1688 Camerarius stated that the midwives of Wurtemberg used it to facilitate labor. In 1774 its administration was prohibited in France.

Up to 1823, sixteen years after the paper of Dr. Stearns, its claims were denied in Paris, by such authorities as Chausier and Madame Lachapelle. In the decade following 1823 its claims were thoroughly discussed both in England and France, and by the end of that period, ergot was firmly established in the confidence of the majority of the profession. There were, however, still some at that time, as there are distinguished men to day, who distrusted it and failed, or refused, to be convinced of its merits.

ACTION ON ANIMALS AND MAN.

That ergot is a powerful remedy, its action on man and the inferior animals fully attests.

Deiz gave it to dogs, and it produced profuse salivation, vomiting, dilatation of the pupils, unsteadiness of gait, quickened respiration

and circulation, caused moaning, etc., followed by death.

Gangrene and dropping off of the toes have followed its excessive use. In birds its poisonous qualities are singularly manifest, death resulting in from four to seven days; pigeons lose their plumes, and cocks their combs.

The influence (says Stillè) of ergot on the gravid uterus of animals is not uniform. In some cases it seems to have been purely negative, in others, to have destroyed the product of conception without producing its expulsion; and still others, and these are the most numerous, to have caused abortion.

According to Deiz, it produced abortion in *bitches* and in *guinea pigs* without harm to the mother or the young when the dose was moderate; but large doses destroyed both and excited inflammation of the womb. In 1825 Dr. OSTERE gave ergot to a *sow*, a *cow* and a *cat*, before the completion of pregnancy, and in each case produced abortion. In 1841 an epidemic of abortion among *cows* occurred in the neighborhood of Trois Croix, in France, which was traced to the ergotized state of the rye and other graminea.

According to Percy and Lauret, a decoction of ergot, into the veins of a *cow*, caused the animal to calve speedily. (Stillè, *Therap. and Mat. Med.*, page 585). The testimony of Youatt is equally conclusive.

Prof. M. B. WRIGHT of this city in a discussion before the Covington and Newport Medical Society, took decided ground against ergot as a parturient, and combated every claim made for it. He took the positive position that it had no influence over the womb to cause the contraction of that organ, and that when it had been experimented with on dogs, pigs and cats, and had caused abortion, that the uterus had expelled the fetus as a foreign body after it had been destroyed by the ergot.

Before such testimony the position of Prof. Wright seems hardly tenable; the majority of experimenters have found ergot possessed of positive powers, both in the impregnated and unimpregnated uterus, increasing already developed uterine contractions, and begetting them in the undisturbed organ. But still more in opposition to Prof. Wright are the cases where the product of conception was destroyed but not expelled.

If anything can be proved these experiments most assuredly demonstrate the direct

and positive influence of ergot on the gravid uterus of the animal. They could be largely increased, but I do not wish to tax the time of the academy further on this part of my subject.

On man the influence of ergot is most manifest. The use of food in which ergot abounds produces a series of symptoms which have been grouped under the name of ergotism.

Epidemics of this are described as early as the year 1096. Two forms of disease are produced, the spasmodic and the gangrenous, both of them largely fatal.

The moderate use of ergot by man gives rise to colic, nausea, vomiting, salivation, diarrhoea, fullness of the head, dilatation of the pupils, vertigo, headache, etc.

Dr. HOOKER, of Conn., gave oil to a medical student. The first dose gave "a heavy and confused feeling in the head, and nausea, like sea-sickness, general languor and lassitude, constant spitting and vivid flashes of light before the eyes. Under the second dose there were, in addition, painful rigidity of the muscles, lassitude, lividity of the skin, dilated pupils and a heavy countenance. Under the third dose there was, beside these symptoms, diuresis.

STILLÈ says, "the power of ergot to lessen the pulse is unquestionable." In Dr. Hooker's case above quoted the pulse fell from 82 to 30 and the respiration from 19 to 8. In febrile affections, it has been reduced in five hours, to thirty-six beats.

It is urged by some that it is a valuable agent in leucorrhea, gonorrhœa, paralysis, whooping-cough, impaired vision, hysteria, spermatorrhœa, etc., etc., but in these and similar affections I have not used the remedy, and I do not propose to give in this paper what would be merely the observation of others without adding observations of my own.

Its influence on the *cerebro-spinal system*, is indicated by its producing a sense of weight in the head, delirium, dilatation of the pupils, and stupor. On the circulatory system its action in reducing the pulse has already been referred to, but the point to which I wish to call the attention of the Academy is the virtue of ergot in parturition. My experience with it has been almost solely confined to its exhibition in protracted, tedious labor.

1st. To increase the expulsive efforts of the uterus in protracted or lingering labor.

2d. To hasten delivery when the patient is endangered by some alarming symptom.

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3d. To promote the expulsion of the placenta when its detention depends upon a want of contraction of the uterus.

4th. To promote the expulsion of the sanguineous clots, hydatids and polypi from the uterus.

5th. To restrain uterine hemorrhage whether puerperal or non-puerperal.

6th. To provoke abortion and to promote it when this process has commenced and is accompanied with hemorrhage.

7th. Leucorrhea and gonorrhea on the presumption that it has a peculiar effect on mucous membrane.

8th. In hemorrhages generally.

9th. Amenorrhea.

Dr. STEARNS gives us five conditions for its use:

1st. In lingering labor where the child is low and the parts relaxed; the pains absent or feeble and there is danger of delay from hemorrhage or other alarming symptoms.

2d. When the pains are suspended and convulsions set in.

3d. Inevitable abortion.

4th. When the placenta is retained by uterine inertia.

5th. In post partum hemorrhage, under like circumstances.

EFFECTS ON THE CHILD.

What are its effects on the child? This is an important question, and upon its solution the most careful observation and the most candid relations should be made. With a limited experience Dr. HOSACK pronounced ergot the *pulvis ad mortem*, on account of its destructive action upon the child.

Dr. HARDY of the Dublin Lying-in Hospital stated in a paper in 1844 that ergot diminished the pulsations of the fetal heart, and stated that if the pulsations were irregular and below 110 the child was seldom saved.

Dr. CHAPMAN says in his elements of Therapeutics that in two hundred cases occurring in the practice of Dr. Dewees, Dr. James and himself, no deleterious effect whatever was produced on the children.

Dr. BEATTY of the Royal College of Physicians, Ireland, thinks that if the labor be protracted more than two hours after the exhibition of ergot, the child will be lost.

Dr. STORER assures us that "he never knew deleterious effects to be produced by ergot, when its administration was clearly indicated."

We might continue this part of our subject

farther and give the experience pro and con of distinguished members of the profession here and abroad, but time forbids, and we will close this section by repeating and endorsing the remark just quoted of Dr. Storer, "deleterious effects" do not follow when the administration is clearly indicated.

EFFECTS ON THE MOTHER.

It has been accused of doing great damage to the mother. Of provoking convulsions, of causing laceration of the perineum and os uteri, of inciting hourglass contractions, of favoring retention of the placenta, and protrusion of the uterus, and begetting delirium, coma, and muscular rigidity; but in my practice none of these accidents have attended its exhibitions.

WILL IT PROVOKE ABORTION?

Will it effect the gravid uterus before labor has begun; in other words will it bring on labor? With all the evidence already referred to, which the experiments on animals furnishes, we incline to the opinion of Monsieur Dangan, when he says: "We do not believe that independently of labor, of direct manipulation, or of some other external influence, that ergot of itself can excite uterine contractions during the first half of pregnancy."

Pareira, and others of equal celebrity, however, conclude that it will produce excitement of the uterus at any stage of gestation.

TESTIMONY UPON THE POSITIVE POWERS OF ERGOT.

BROWN-SÉQUARD, found it a "special stimulant of the unstriped involuntary muscular fibres wherever found," and says, he "observed the vessels of the pia mater contracted under its influence. Its power over the capillaries in all parts of the body—over the heart, stomach, bladder, intestines, and uterus—is marked."

Dr. MEADOWS speaks highly of its "remarkable power in certain uterine affections, as in sub-involution, chronic metritis with hypertrophy, diseases of mal-nutrition, in all of which there is increased vascularity of the organ, of a passive congestive kind, producing excessive discharges of mucus or blood, and characterized by increased bulk of tissue."

In these ergot acts beneficially by lessening vascularity, by diminishing the caliber of the vessels, and inducing a state of tonic contraction of the uterus itself; improving the nutrition of the organ, and imparting to it a

firmer and healthier tone. Amenorrhœa, leucorrhœa and menorrhagia dependent upon uterine atony call for the administration of ergot."

RAMSBOTHAM says: "I have no hesitation in declaring my opinion that its action is *specific*; usually there is no more influence perceptible in the general system than would be observed after taking a cup of tea; but its effects upon the uterus in labor are often speedy, powerful, and astonishing. Its action, and the pains induced through its agency, differ materially from the ordinary throes of parturition, so that it is possible in many cases to discriminate them as being actually produced by the drug itself—they are stronger and more constant than the common pains of labor. When the ergot has obtained a full power over the system, the uterus will frequently act without any decided intermission for many minutes together—there being only a slight remission observed—no interval of perfect ease." He is so well convinced of its action on the uterus, that he says: "Its exhibition must not be thought of in any case where a disproportion exists between the head of the child and the pelvic cavity; we should incur great danger of inducing contusion, inflammation, and laceration. Neither must it be given where there is any disposition to rigidity of the parts—either the os uteri, the vagina or the perineum—through fear of the same dangers."

DEWEES says: "Its action appears to be *specifically* on the uterine fibres, urging them sooner or later to more or less violent contraction. It is not alone the alternate contraction that is increased; the tonic is also powerfully augmented, which is of much more value since it can, in consequence of this power, be most advantageously employed in many cases where this effect would be all-important.

"Nor are its powers confined to the human uterus; it acts with equal and similar efficiency upon the uterus of the brute. We are told that it is familiarly used near Lyons to aid parturient cows." He further says, "I have the most firm reliance upon the powers of the ergot; and the character of its action is so distinctly marked, that a very little observation will lead us to detect it, and its characteristic action is so well defined that I am always able to distinguish the cases of coincidence, from those in which ergot was decidedly operating."

CAZEAUX speaks of it as a heroic remedy in hemorrhages from the uterus, and says its action at the present is too well ascertained to permit it to be any longer called in question.

MILLER says: "It seldom fails to excite powerful uterine contractions which promptly expel the child, if all the requisites for an easy delivery exist." From its power to keep the uterus in a state of *constant contraction*, he deprecates its use as being injurious and actually dangerous to both mother and child, if the parts be not well relaxed.

BEDFORD speaks favorably of it in hemorrhage after abortions, and says it "arrests hemorrhage in a two-fold manner. 1. By producing contraction of the blood-vessels. 2. Contraction of the muscular structure of the organ," "and when inertia of the uterus can be traced to a want of nervous power, an efficient remedy will be found in ergot."

CHURCHILL recommends it in abortions or premature labor, to "excite the uterus to action."

He says in tedious labors: "where all obstructions to the action of the uterus is removed, we have next to seek some agents which shall act *directly* upon the uterus, and that most reliance is placed upon ergot." From repeated trials he can bear witness of its efficiency in such cases, but adds that he has "seen it do mischief"—producing "cerebral disturbance in different degrees, from a severe headache up to a delirium, coma and insensibility." He has witnessed its deleterious effects upon the child, from some poisonous influence indirectly exerted upon it or by the greater pressure of the uterus upon the cord; he is inclined "to the latter mode of explanation," as it produces an almost incessant uterine action.

In cases of retention of the placenta—the result of inertia of the uterus, accompanied with hemorrhage, he has given ergot with the best effects, causing "spontaneous expulsion" of the after birth, at the same time that it effectually guards against hemorrhage.

In hemorrhage after delivery, he speaks of ergot as being "very beneficial," and says, "in all cases where, after a previous labor the patient has suffered from hemorrhage, I am in the habit of giving half a drachm of the ergot immediately after the birth of the child. By this means I have rarely failed to protect the patient against a repetition of the accident."

MURPHY, says, "in tedious labor, where the pains have become feeble, and the patient

hausted, ergot may be given in a cautious manner; carefully attending to its influence on the pulse, and especially on the circulation of the child."

In uterine hemorrhage, from placenta praevia where there is no nervous irritation, he says, "a moderate dose of ergot will be sufficient to ensure an efficient action of the uterus." And speaks of it, in some instances, as having produced rupture of the uterus by its powerful action on that organ, and hence he urges great caution in its use from its well known effects on both mother and child.

UTERINE DISPLACEMENTS.

By F. K. BAILY M. D.

Of Knoxville Tennessee.

Was called June 19th 1868, to visit E. H., a woman about 28; white, native, West Virginia; bilious nervous; tall and thin, with a haggard countenance. Had a child at the age of 14 a boy, and now living. "Has miscarried frequently since, but never went to full time."

Stated that in February last, she miscarried at three months, and since has suffered much from "pain in the back and bearing down." On further inquiry, I found that she felt severe pain on attempting to evacuate the bowels, with a sensation as if something was obstructing the "passage." For sometime she had evacuated the bowels only after taking full doses of epsom salts.

On making a digital examination per vaginam, found the uterus low down, with the os situated anteriorly, and the organ completely impacted and immovable.

Ordered an enema to evacuate the rectum, with a Dover's Powder at bedtime.

20th called and found that the enema had brought away a quantity of fecal matter, but with no abatement of the distress in the sacral region. On introducing a speculum found the cervix much enlarged and inflamed.

The os was so much crowded to the anterior wall of the vagina, that it was with difficulty brought to view. The mucus surface was much congested, and a copious discharge of muco-purulent secretion flowing from the uterus. The fundus was felt firmly fixed, and so sensitive that a touch caused pain.

After wiping out the discharge from the os, I passed a pencil of nitrate of silver as far as possible within the cervix. The line of direction was so changed that it was difficult to pass it more than an inch.

Directed her to lie upon the face as much of the time as possible, and especially to assume that position when the bowels were moved.

Prescribed as follows:

R. Extract. sarsa. comp., f. $\frac{3}{4}$ ij.
Iod. potassii, 50.

Sig.—Teaspoonful three times daily, with six gr. pulv. Doveri and two of sulph. quiniae, at bedtime.

21st.—Found slight improvement. There has been a copious flow of mucus from the uterus, and the cervix appears less congested. Impaction of the fundus continues. There is still so much tenderness, that an attempt at reduction causes great distress.

Reapplied arg. nitratis, and continued the mixture.

23d.—Much less pain in the sacral region, with a further reduction of the size of the cervix. Fundus still fixed. Flow of mucus very free. To continue treatment.

26th.—Found the uterus so much reduced in size as to admit of being pushed upward from the rectum. Still a copious discharge from the os. Cervix soft and flabby.

To continue sarsa. and iod. potassii, with quinine and citrate of iron.

30th.—Patient able to ride out, but looking very pale. Advised the continuance of iod. potassii with iron.

From this time I saw no more of this woman until March 20th, 1869, when I found that she had miscarried again and was flowing freely. The distress at this time was referred to the fundus of the bladder, with a constant desire to urinate. On introduction of speculum found the os uteri in the hollow of the sacrum, and as difficult to observe as before. Not having advanced so far in pregnancy at this time, the womb was less in size, but there was the same fullness and hardness of the neck. From loss of blood there was a good deal of exhaustion, which required the use of stimulants. Applied nit. of silver, and gave tonics freely. In about a week the displacement was obviated, and the os restored in situ. A bloody mucus continued to pass away for sometime.

The habit of aborting frequently seems to have become confirmed, for in July she called upon me to visit her, when it was found that a fetus of six weeks had escaped, but without any flexion of the uterus.

There was copious flow of blood and mucus, and I applied nitrate of silver, passing the

stick within the cervix. The menorrhagic flow continued for some time, and it was about a month before she was able to be about the house.

She took tincture muriate of iron, with sulphurine, for a tonic. As late as September there had been occasional accessions of menorrhagia, and as I have heard nothing from her since, it is probable that conception has again taken place.

I think it is the experience of medical men generally, that not only the obliquities to which the uterus is liable, but also prolapsus, are the result of engorgement or congestion. In this locality, uterine displacements are quite common, and found in all classes.

The colored women are very subject to such troubles, attended with increased flow of menses. Many of these become pregnant immediately after puberty, and grow up with a child either at the breast, or "in utero." Undue exposure, and hard work, coupled with imprudent conduct at successive periods, produce more or less disturbance of the womb.

That organ is never at rest long enough to admit of its resuming its normal size. "Falling down," then, from weakened and continued weight is a legitimate result.

In all such cases there will be found on examination with a speculum, a flow more or less copious from the os uteri, the mucous membrane of which is in a state of turgescence. There is no inflammation, but a condition of passive congestion, to relieve which the leucorrhæal discharge is secreted. The condition of mucous membrane is considered an important diagnostic mark in determining the state of the system. That appearance of the tongue and fauces, commonly known as flabbiness, is an indication that a supporting and alterative course is demanded. Where we find a flabbiness of the lining coat of the os uteri, it is conclusive the whole organ is diseased. Tonics and tonic alteratives, will, by restoring the general health, and causing an absorption of the hypertrophied uterine substance, cure leucorrhæa, and reduce the whole organ to a size and weight, which the ligaments can sustain.

To accomplish this I know of no medicinal agents more useful than iodide of potassium, with some preparation of iron, and cinchona in some of its forms.

The following came under my observation, which are typical of what are very commonly seen.

Case 1st. Sometime in June 1868, a colored woman 45 or older, came to me complaining of having whites after the usual menstrual flow. For some months the "courses" had been too free, and lasted from ten to fifteen days. Then the mucous discharge would continue till the next period.

On examination with the speculum, found the lips of the os very much thickened, and the whole cervix enlarged. The os was very patent, and a thick yellow discharge pouring out.

The whole organ was prolapsed, and rested upon the posterior wall of the vagina. The fundus although not impacted was thrown forward.

The woman was large and tall, of a gross formation, with a general flabbiness of the muscles. The tongue was covered with thick, yellow, and very soft fur. The pulse was soft and sluggish. Continuous loss of blood had rendered her weak and languid.

I applied a pencil of nitrate silver to the lips of the os, and carried it the whole length into the cervix. There was no soreness at all in the parts touched.

Prescribed iodide of iron with quinine, and directed her to call every other day. This course was pursued till the next menstrual period, at which time there was less menorrhagia. When it ceased, I again applied the nitrate, once in four or five days, and continued the tonics.

In two months she was completely cured and has not complained since.

Case 2d.—Adeline, a mulatto, aged 35 and mother of several children, began in the spring of 1868, to lose blood freely when "unwell".

A year previous she had an attack of pleuro-pneumonia, which resulted in an adhesion in the left side of the chest, and attended with severe pain and cough.

At the menstrual periods the cough and pain in the side were aggravated, with a copious expectoration of muco-pus. The os was very red, sore, and considerably open, and there was considerable prolapsus of the organ.

A similar course was pursued in this case, with a favorable result. The menorrhagia continued to recur monthly for five or six periods, before it entirely ceased.

She is now enjoying good health, with the exception of the pleuritic affection.

Case 3d.—In October last I was consulted in a case, when on examination, the neck of the womb was at least two inches external to the vulva. One half of the cervix was swollen to the size and shape of half an orange.

The patient was 22 years of age, white, tall and gross in every way.

Stated that she had a child five years before, but it is not now living, and that the womb has been down ever since. Attributes it to violence used by a midwife at her confinement.

I have had no opportunity to attempt a cure in this case; and she goes about town with the uterus liable to protrude, as I have stated.

The above are only a part of the cases which have come under my notice in the last 18 months.

A frequent cause of engorgement of the uterus here, is the prevalence of dysmenorrhea. All classes of young females are subject to painful menstruation. The pathological condition seems to be rheumatism of the uterus. Each recurring of the period which is attended with inordinate pain, causes more or less determination of blood to the organ, and slowly and almost imperceptibly there is increased size and weight as a result.

Dysmenorrhea is attributed by many to the increased menstrual secretion which cannot escape by reason of a narrow cervix. The pain is considered as expulsive. This may be true in many cases, but I have met with numerous instances of married women who have borne many children, who were as great sufferers at the menstrual period, as can be found.

They began to suffer from puberty, and through life menstruation is painful.

Iodide of potassium, the alkalies, with alternatives, will afford relief in such cases as readily as in rheumatism of the joints or other tissues.

Rheumatic dysmenorrhea is very common in an aggravated form during the winter months, when the ground is scarcely ever frozen, but damp and chilling most of the time.

The colored women are particularly subject to dysmenorrhea. From their careless and improvident habits, and the fact that their dwellings are uncomfortable, they suffer exceedingly in winter from "catching cold." The frequent occurrence of consumption among them is attributed to want of due care at the monthly period.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

January 12th, 1870.

Clinic of F. F. MAURY, M. D., one of the Surgeons to the Philadelphia Hospital; Lecturer on Venereal and Cutaneous Diseases in the Summer School of Jefferson Medical College, etc., etc.

Reported by HERMANN W. NEWCOMB.

Primary Syphilis. Inoculation.

The first case I show you this morning gentlemen, is one that was before you at our last meeting; and which I shall designate as case No. 1 of January 5th. (Vid. MED. AND SURG. REPORTER for January 22nd, 1870. H. W. N.) You will doubtless recollect, that at the side of this man's frenum there existed a sore, the characteristics of which I then detailed to you, and which I regarded as a soft, inoculable or so called non-infecting chancre. You will also recollect that in order to remove all doubt as to the nature of the sore, I inoculated the patient upon the thigh with matter taken from the ulcer upon the penis. I call your attention to the result of that inoculation. When the puncture was made, there was formed a firm, thick scab or pustule, distinctively elevated above the surrounding skin, and having a broad indurated base, feeling like a split pea beneath the integument. Should the scab be removed, there would be brought into view, a ragged ulcer with steep well defined edges, and a bottom covered with grayish aplastic lymph. In a word, we have produced a typical chancre. Thus proving conclusively the specific nature of the sore on this man's penis, a point upon which there was some doubt, until I availed myself of this aid to diagnosis. I have therefore given you an illustration of the value of inoculation, and I reiterate my former statement; that the procedure is a justifiable one, and should be resorted to in all doubtful cases. It only remains that we should destroy this artificially produced chancre. For this purpose I shall employ the carbo-sulphuric paste, a preparation first introduced to the notice of the profession by Mr. Ricord. It is the favorite caustic of that eminent syphiliographer, and is certainly a most effective and powerful escharotic. Its mode of preparation is simple, consisting merely of the addition to ordinary willow charcoal, of a sufficient quantity of strong sulphuric acid to make a paste. It should be prepared in a vessel upon which sulphuric acid has no effect, and if made in any quantity should be kept in a glass or porcelain capsule well protected from the air. When you wish to apply it, make use of a small glass rod, being careful to remove any redundancy of the paste. Bear in mind that it is a very energetic agent, and extends its influence to tissue considerably beyond the immediate site of its application. I think you will find it a more

painful caustic than acid nitrate of mercury, though it ceases to give any inconvenience after the expiration of an hour or two.

You will recall to mind that this man had no constitutional treatment. His chancre was touched with acid nitrate of mercury, and beyond directing *cleanliness*, rest, protection from cold, and nutritious food, nothing was done. That there this is a marked improvement in his condition must be apparent to all of you. The chancre is almost healed; the bubo that threatened to form in his groin has disappeared; and the patient pronounces himself decidedly better in every respect. You see how much good has been wrought by a few simple directions. Continue the treatment.

The next patient is case No. 2 of our last clinic. He had an indurated chancre, and in his groin was a chain of enlarged lymphatic glands. I put him upon mercurial treatment for reasons I then stated to you. As a result of the treatment, the bubo no longer exists. The chancre has lost much of its induration and is almost healed, and the man declares himself stronger and in better spirits. The treatment will be continued, though as the case progresses the dose of mercury will be gradually reduced.

I next direct your attention to a case you have not seen before, the history of which is the following:

Two weeks since, and five days after intercourse, a chancre made its appearance upon the prepuce. Nitrate of silver was applied, which, however, did not prevent the formation of two more chancres in immediate proximity to the first, nor the rapid development of a bubo in the left groin.

These are the points in his case most worthy of note. The man, you will perceive, has a very long foreskin, which always serves most admirably to entangle within its folds the virus of venereal disease. When this is taken into consideration, together with the significant fact that nitrate of silver alone was applied to his chancre, it would have been remarkable had he escaped that from which he now suffers. Just above Poupart's ligament you perceive what is termed a suppurating bubo. The skin is discolored, fluctuation is distinct, and the pus contained in the tumor pleads most eloquently to be released; an appeal to which I shall respond in a few moments. In opening buboes, gentlemen, always give free vent to the pus by a generous incision. You are usually instructed to make your incision in the line of Poupart's ligament, but I think a vertical incision preferable. In the latter, drainage is more readily effected, and the lips of the wound are more readily kept asunder, and then there is less chance of "bagging." The instrument to employ is an ordinary curved bistoury, and if the operation is properly performed, there is no necessity for chloroform or ether. I am strongly op-

posed to giving anaesthetic agents for simple operations, and never do so when I can avoid it. Of course, if you poke a knife into a bubo, and see-saw leisurely up and down, you give intense agony, but with one rapid sweep of your bistoury, thus, (the bubo opened—H. W. N.) you can make the requisite incision with little more than momentary inconvenience to your patient. The operation is really done before the patient knows it. The pus of these buboes is always highly inoculable, and great caution should be observed, for the smallest appreciable quantity coming in contact with an abraded surface, however slight, would inevitably be followed by the evolution of a chancre. You see I have made quite a gap in this man's groin, but it is none too large. The cavity exposed by my incision, after being evacuated of the pus contained, will be thoroughly painted over with a solution of acid nitrate of mercury, in the proportion of one part of the acid to five of water. Discharge will be favored by a poultice, and if "bagging" take place, it will be remedied by free incisions.

The chancres upon the penis will be dressed with charpie soaked in a solution of Carbolic Acid, in the strength of fifteen drops to the ounce of water. The general treatment will consist of cleanliness, rest in the recumbent posture, good diet, and anodynes to relieve pain. That this man will have secondary syphilis, I am firmly convinced and the form it will assume, probably some of you will have the opportunity of witnessing. According to the theory of the "Dualists", secondary syphilis never follows upon soft chancre. But this teaching is contrary to my experience, for I am positive I have seen severe constitutional involvement result from unmistakable soft chancre. There are a thousand causes that influence the propagation of syphilis and exercise a modifying control over the phenomena of its evolution, and I think it far more rational and consistent, to consider that constitutional peculiarities, and circumstances under which the disease is contracted, give rise to varied manifestations, than in the face of chemical and pathological laws, to endeavor to maintain that there are two separate and distinct poisons of the same disease, each possessing attributes peculiar to itself. I am, however, open to conviction, and when the fallacy of the doctrine I advocate is shown, I shall gladly acknowledge my error. Until then, I shall reject as unscientific a theory in such violent opposition to all the known laws of disease. The doctrine of unicity is daily gaining ground, and is taught by such men as Sigmund of Vienna, Cullerier of France, Gross of America and Beek of Norway. Men whose names are as familiar as household words. Theoretical discussions are out of place in the clinic room, and I merely make mention of these disputed questions in order that you may the better understand the cases I bring before you, and the points involved in their

discussion. And if you will but recollect, that the same poison lurks in soft and hard chancre, and that the same poison gives one man a simple roseola, and another man rupia, and that in one instance it may explode with destructive violence upon nearly every tissue in the body, and in another, lurk in the system for many years without giving an intimation of its presence, I shall not regard my digression as a fruitless one.

Stricture of the Urethra.

I terminate my clinic by presenting a case of stricture of the urethra, upon which I shall operate. His history is briefly as follows:

John M. D., set. 31. In 1857 had gonorrhœa for the first time, and was cured without injections. In 1858 suffered from a soft chancre and bubo, and the year following contracted indurated chancre and also gonorrhœa. In 1862 he again had gonorrhœa, and in 1868 he contracted the disease again. Symptoms of stricture were noticed for the first time in March, 1869. The patient had frequent calls to pass his water, which was accomplished with difficulty; much effort being requisite to evacuate the contents of the bladder. The stream of urine was diminished in size, irregular in form, and could be projected but a slight distance.

Upon examination I find a stricture somewhat anterior to the membranous portion of the urethra. Yesterday it was with difficulty that a filamentous bougie could be made to pass the seat of obstruction, but slight relaxation has taken place, and the constriction is not so great to-day. I first take a penal syringe with a long nozzle, and filling it with oil, pass it gently into the urethra until it meets an obstruction. The syringe is then gradually emptied of its contents, thus lubricating not only the entire surface of the urethra anterior to the seat of stricture, but probably a considerable portion posteriorly, for more or less of the oil is sure to find its way through the stricture. This is a practice I invariably adopt in my operations for stricture, and one from which I conceive I derive advantage. It facilitates the introduction of instruments greatly, and is a valuable aid in all manipulations that you may institute within the urethral canal. I next take an instrument known as Holt's "Stricture Dilator," which consists of a sound of a calibre about equivalent to an ordinary No. 3 catheter, which is split nearly to the extremity and encloses between its blades a directing wire, the latter serving as a guide for a number of staffs, by which the stricture may be forcibly ruptured or gradually dilated. The sound is warmed, well oiled and then gently passed into the urethra, and if possible, insinuated beyond the seat of stricture until it enters the bladder. Having got the instrument into the bladder, you select one of the larger staffs if you wish to rupture, and fitting it upon the directing wire thrust it forcibly home. If you wish to dilate instead of rupturing, you pass the

staffs successively, beginning at the smallest. There is a modification of Holt's instrument by Weiss of London, which I prefer. The only difference consists in the directing wire being so arranged as to prevent the possibility of the staff leaving its groove, which, however, from obvious reasons is an important desideratum. All manipulation in the urethra should be conducted with extreme gentleness and caution, no surgeon being ever justifiable in resorting to the least degree of violence. In my opinion perineal surgery requires as great delicacy and tact as does the surgery of any region of the body, not excepting the eye. Operations about the perineum, if judiciously performed, will yield satisfactory results; but there is no portion of the human frame more prompt in vigorously resenting ill-advised or awkward interference than this, a fact you will do well to bear in mind.

In regard to the operations for stricture, that with Holt's Dilator in my judgment is incomparably better than any other, when the stricture is permeable and uncomplicated with fistula, etc. With the exception of Dr. Bumstead of New York, I have probably used the Holt instrument as often as any man in this country, and my results have been uniformly good. I always employ it when possible, and I have yet to see its use followed by an untoward symptom. The after treatment of the patient just operated upon, will be the same I institute in all my cases, consisting merely of quinine in ten grain doses, in conjunction with morphia. A bougie of a calibre corresponding with the capacity of the man's urethra, will be passed daily for the present, less frequently as the case progresses.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

Reported for the MEDICAL AND SURGICAL REPORTER.

At a regular meeting of the Society, held in the Library Room of the Hospital on the evening of December 22d, 1869. 1st Censor, Dr. E. B. MOSELEY, in the Chair.

PATHOLOGICAL SPECIMEN.

Dr. H. C. HAND presented specimens of a heart, kidneys and intestines, with the following report:

The subject, a female, aged 28 years, and the mother of five children, was admitted to the Medical Wards Nov. 11, 1869. She complained of swelling of the feet, which had begun in the sixth month of her last pregnancy, her last child being six weeks old. The swelling, which was at that time accompanied with a prickling sensation, ceased until after delivery, when it returned with a cough and difficulty of breathing. At the time of her admission into the house she had also cardiac disease, with a systolic murmur at the apex. There was

frequency of the alvine evacuations. Her urine, sp. gr. 1030, contained albumen and granular tube casts. After admission she had great fever, and increased cardiac trouble, with various murmurs, also severe dysentery. She died suddenly and without convulsions Dec. 27th, 1869. The kidneys presented, together weighed 12 ozs. The capsule was adherent, but not thickened nor opaque. Substance firm, cortex pale, cones dark red. Iodine test developed several points of amyloid degeneration. Microscopical examination showed the tubules filled with epithelial tube casts, and in places dilated. Blood vessels showed slight amyloid degeneration. In one kidney a fibrous mass, the size of a shellbark, was found involving the cortical and tubular structure. On section the mass was interspersed with closely packed epithelial cells. The heart weighed 19½ ozs. The pulmonary valves were injected in patches and were slightly opaque. Tricuspid valves were slightly thickened, reddened and edematous on the edges. Mitral valves contracted, hardened and insufficient. On the upper surface was an irregular calcareous mass, somewhat larger than a pea in size. The aortic valves were thickened and rolled up like tea leaves. They contained small hard nodules. Endocardium was thickened in places especially in the ventricle, opaque.

The lower portion of large intestines, near sigmoid flexure, was extensively ulcerated, and the calibre of the gut greatly diminished. Liver and spleen were slightly amyloid.

Dr. S. HENRY DESSAU presented a report of a case of

Lumbar Abscess

Of five months formation, occurring in a negro man, 45 years of age, which was opened subcutaneously and terminated fatally two months afterwards. Soon after the abscess was opened the patient's fecal evacuations became loose and frequent though there was no blood or mucus in the stools. Various kinds of astringent remedies failed to arrest the complication. The diarrhoea ceased twenty-four hours before death. The discharge from the abscess which had continued profuse was also greatly diminished.

A post-mortem examination sixty hours after death, revealed a cavity beneath the skin in the left lumbar region, extending downward through the three leaflets of the lumbar fascia into the abdominal cavity, and communicating by an ulcerated surface with the posterior wall of the lower portion of the descending colon, behind the peritoneum. The gut was perforated at this point and contained a quantity of a light colored and fluid substance, resembling pus. The posterior portion of the crest of the ilium of the left side was exposed, and softened, also the transverse process of the fourth lumbar vertebra of the same side. The perforation was supposed to have occurred at the time the ex-

ternal discharge from the abscess became diminished. The points of interest in presenting the case were the persistent diarrhoea caused by the contiguous inflammation of the abscess, involving the outer coats of the intestine first, and the subsequent discharge of the abscess into the intestinal canal.

Typhoid Fever

Being the subject for discussion, Dr. DESSAU mentioned five cases, coming under his care while in the men's medical wards. Two of the cases were uncomplicated, the others became convalescent with the sequents of chronic diarrhoea, subacute bronchitis and albuminuria, respectively. The case of albuminuria was only an exaggeration of a former trouble. All terminated favorably, and have since been discharged from the house. The general plan of treatment followed in these cases was the administration of diffusible and alcoholic stimulants, with nutritious fluids, such as milk and beef essence. Where tympany became troublesome, spts. chloroform internally and turpentine externally were used, also turpentine enemas. Turpentine was depended upon as the most powerful diffusible stimulant, though in one case carbonate of ammonia was given, for a short time, during a critical period. When the tongue had become moist and delirium had ceased, tr. chloride of iron with Quinia was used. No originality was claimed for this treatment of typhoid fever it being adopted as the AMERICAN treatment.

Dr. JOHN C. HALL mentioned a case coming under his care in the Women's Medical Wards, in which a large bed sore occurred quite suddenly; the case terminated favorably.

Dr. JAS. S. HOUSTOUN mentioned a case occurring in the practice of one of his friends, in which the patient, a man, jumped from a third-story window, thirty-seven feet high, to the ground, during a fit of delirium, in the second week of the disease. Though severely stunned by the fall, yet no symptom of the original disease was apparent nor returned after the accident, and the patient recovered promptly, as soon as he had rallied from the shock.

Dr. HAND referred to a well-marked case, lately under his charge, in which an abortion occurred in the first part of the third week of the fever. Seven days after the abortion, the patient passed from the vagina a quantity of offensive membranes. On that evening her temperature was 107° F., the next morning it fell to 97° F. and was increased 3 4-5° F. the same evening. Afterwards her temperature did not rise above 100° F. Her recovery from that date was rapid.

Dr. MEARS offered some highly interesting remarks upon the various theories of the pathology of Typhoid fever. Amongst others, he referred to the late ideas advanced on this subject by Dr. JNO. HARLEY, of London, as given in his article on that disease, in Reynolds' System, vol. 1, p. 585.

EDITORIAL DEPARTMENT.

Periscope.

Chronic Diarrhoea.

DR. S. MONTGOMERY, in the *Med. Archives* has the following judicious remarks on this disease :

It is very requisite that the patient should avoid all bodily fatigue. When able, a little exercise in the open air may be useful; but rest is indispensable until convalescence is fully established. Peace of mind is equally necessary.

The patient should, if possible, be in a high, dry, salubrious atmosphere, the apartment large, well ventilated, and comfortable. The clothing should be warm, with flannel next the skin, or even a flannel roller around the body. The diet and drink should be allowed in small quantities, eaten or imbibed slowly, and of the most mild and unirritating description. The thirst, which is generally craving, should be gratified with small quantities of toast, rice, or barley water, mucilage of gum Arabic, or carageen. Spirituous or fermented liquors are contra-indicated, except in cases of great relaxation or prostration, and where no inflammation is present. The food should be such as will be easily digested, and that will leave but a small residue to pass off by alvine evacuation; boiled rice, with a little loaf sugar and good sweet milk, or eaten with a little beef or mutton carefully cooked, or with beef or mutton soup, or a little good stale bread or crackers, may be occasionally substituted for the rice; but a very limited variety and small quantities of food only must be allowed, and a long and strict surveillance must be kept on the patient if we hope to obtain a permanent and perfect convalescence. Tapioca, arrow root, sago, and even a small quantity of fresh, ripe fruit, in proper season, will sometimes agree with our patient; but the golden rule is to drop everything which seems to disagree, and persist in the use of that which seems to suit the peculiarity of the disease, and the idiosyncrasy of the person.

A large list of medicines has been recommended in this disease, but opium is the *sine qua non*, the indispensable adjunct to all the others. Whether we give camphor or catechu, kino or krameria, senna or oak bark, log wood or galls, geranium or dewberry, nitrate of silver or sulphate of copper, oxide of zinc or sugar of lead, bismuth, or chalk, opium in some form must enter into the prescription, or the remedy will probably fail; but we must be careful to allow only enough to allay irritation, and on this account the best way is to combine a

very small quantity with the remedies given, and if more is necessary let it be administered alone as circumstances require. I believe it will be found that in this disease the solid opium, the common tincture, the acetum opii or Battley's sedative, will be superior to any of the alkaloids. Early in the disease, if the patient is not too young, too old, or too feeble, the application of a few leeches to the anus will do much good, but in a great majority of the cases they will not be necessary, the irritation and inflammatory action in the lower intestines being easily and happily subdued by a few small doses of opium, ipecacuanha and blue mass or calomel, with cold water injections containing a little sulphate of morphia or sulphate of zinc, or the acetate of lead and tincture of opium.

In cases depending on diseases of the liver, spleen or pancreas, after one or two doses of the mercurial above referred to, strychnia and bismuth, or nux vomica with zinc are appropriate remedies; about one-twentieth part of a grain of strychnia with from twenty-five to thirty grains of the subnitrate or carbonate of bismuth may be given three times a day, or from half a grain to a grain of the extract of nux vomica, with from three to five grains of oxide of zinc, three times a day. It may be found necessary to give a little opium with these, but it will be better to give it alone as circumstances may demand. I have great confidence in both zinc and bismuth in diarrhoea, the former I think is far too seldom used by the profession, and it is often very impure as found in our drug stores, and the latter is rarely given in sufficient doses to effect the desired result.

In cases where ulceration of the intestinal membrane exists, the sulphate of copper, and the nitrate of silver may be found very useful. These should be given in the form of pill, combined with a little opium. One of the most obstinate cases I ever saw, a case which had been treated by some of the best physicians of Philadelphia and of St. Louis, was finally cured by the persevering use of the following pills :

R. Strychniae,	gr. j.
Pulv. cupri sulphat.,	gr. iv.
Pulv. opii,	gr. iv.
Bismuth. subnitrat.,	3iv. M.
Ft. mass, secund. art., et divid. in pil. no. xl.	

S. 3 pills every night and morning.

If there is much tympanitis and the evacuations very foetid and disagreeable, one of the following prescriptions will prove very beneficial :

R. Creasoti,	gtt. x.
Ol. terebinthinae,	f. 3ij.
Syrup. aurant. cort.,	f. 3ij.
Mucilag. acacie,	f. 3v. M.
S. A tablespoonful every four hours.	

Or,

R. Acid. carbolic,	gr. x.
Zinci oxid.,	gr. xxx.
Pulv. acacie, q. s.	

Fiat mass. in pil. no. xv, dividenda.

S. One every 4 hours.

If the discharges are starchy, a little of the liquor potassæ, bicarb. potassæ, vel sodeæ may be advantageously given in a wineglassful of the decoction of quassia, simarouba, artemisia, absinthium, or rubus villosus, or an infusion of calumba root. On the other hand, if the alvine dejections are albuminous, the nitric or nitro-muriatic acid may be given in either of the above infusions or decoctions.

In chronic diarrhoea of children two to five years of age, I have had great success with powders of the oxide of zinc, containing a very small portion of powdered opium, given night and morning, and an occasional drink, during the intervals, of the decoction of logwood or dewberry, both of which a child will drink very freely if a little flavored and sweetened.

In women during lactation the tannin, oxide of zinc or bismuth will be found most valuable remedies. The bismuth I prefer giving in the form of powder with gum arable, 25 or 30 grains of each three times daily, the zinc in the form of pill, and the tannin in solution. I have also great confidence in the astringent tonic decoctions and infusions, both in restraining the wasting profluvia, and in giving tone and healthy action to the whole alimentary canal. The principal objection to them is the bulk and bitterness of the dose, but the former defect can be remedied by using the concentrated fluid extracts now so well prepared by many of our pharmaceutists.

Reviews and Book Notices.

NOTES ON BOOKS.

In an annual address before the San Francisco Medical Society, delivered last November, and published by direction of the Society, Dr. HENRY GIBBONS discusses at considerable length, and with his characteristic good sense, those questions of marriage, feticide, "prudential restraints," and so forth, which are now so widely mooted.

Dr. A. NEWMAN, of Lawrence, Kansas, has instituted a comparison of the mortality from disease in armies with that of men of military ages in civil life, showing the groups of diseases chiefly concerned in causing the excess of mortality in armies. He concludes that the sources of the greater mortality in service are chiefly bad food and bad air. We recommend this essay as one carefully worked up.

Those who would have a reliable guide book of the city of Wheeling will do well to obtain a copy of

"The Physical and Medical Topography, including vital, manufacturing, and other statistics of the city of Wheeling," by JAMES E. REEVES, M. D., City Health Officer. It is printed by order of the city council, and contains a great deal of information, medical and general, about that municipality.

BOOK NOTICES.

A Manual of Clinical Medicine and Physical Diagnosis. By Thomas Hawkes Tanner, M. D., F. L. S. Third American from the Second English Edition, revised and enlarged by Tilbury Fox, M. D. Philadelphia: H. C. Lea, 1870. 1 vol. cloth. 12mo. pp 366.

This manual is intended primarily for students, and also for practitioners. It is a synopsis of those portions of Dr. Tanner's large work which treat of the nature of disease, its signs and symptoms, physical diagnosis and the more common instruments used by the physician in the examination of patients. It has the merits and the defects inseparable from the attempt to epitomize science. It is not a good sign to see many such works on publishers' lists, but some are useful, and of the kind, this is a good example. The descriptions are usually terse and clear and correct, which is all that can be asked. The want of an American editor is conspicuous in places, as on pp. 39-44, where a series of instructions to physicians about certificates, coroners, etc., are given according to English acts of Parliament. We cannot say much in favor of the wood-cuts or the typography, neither being equal to what the public should require in such works.

Female Medical Education.

The Faculty of the University of Edinburgh has completed the arrangements for enabling females to study medicine. Separate classes for males and females have been formed, and five women have already presented themselves for examination for matriculation. A female medical society, under the presidency of the Earl of Shaftesbury, has been established in London, with the objects of providing educated women with proper facilities for learning the necessary branches of medicine and of promoting the employment of female physicians for the treatment of the diseases of women and children.

Schuylkill County Medical Society.

At the regular quarterly meeting of the Schuylkill County Medical Society, held at the Council Chamber, in the borough of Pottsville, January 5, 1870, the following named officers were elected to serve for the ensuing year: President—James S. Carpenter, M. D., of Pottsville; Vice-President, Jacob F. Treichler, M. D., of McKeesburg; Secretary, Charles T. Palmer, M. D., of Pottsville; Corresponding Secretary, Frederick Krecker, M. D., of Cressona; Treasurer, D. Webster Eland, M. D., of Pottsville.

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MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 29, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, brief as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. **WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.**

As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and useless books*, but of

NEW AND LIVE BOOKS!
AND SURGICAL INSTRUMENTS!!

1. For 1 new subscriber and \$5, a copy of the PHYSICIAN'S DAILY POCKET RECORD—or any other publication the retail price of which is \$1.50.

2. For 2 new subscribers and \$10, one year's subscription to the HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE, published by us at \$3 a year, or—

3. For 2 new subscribers and \$10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for \$2.50.

4. For 5 new subscribers and \$25, any Books or Surgical Instruments to the amount of \$6.

5. For 10 new subscribers, and \$50, the same to the amount of \$12.50.

6. For 15 new subscribers, and \$75, an elegant Pocket-case of Instruments worth \$20—or Books or Instruments to that amount.

* * * If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count \$5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE \$1.00.

THE TRADE IN DIPLOMAS.

The passage of laws recently by several States, requiring those who profess to practice medicine, to hold the diploma of some chartered medical school, has caused quite a trade to spring up in such documents. On two or three occasions we have referred to the operations of those supposed to be engaged in this traffic, and there is evidently a sensitiveness on the subject that indicates to our mind that there is something wrong somewhere. We wish, if possible, to aid in placing the responsibility where it belongs.

From testimony which we now have in our possession, it is evident that the business is important and remunerative enough to command the services of a good many persons, some of them holding official relations to so-called medical schools.

The work is reduced to a system, giving employment to general, State and districts agents. And so shrewdly have these agents managed their business that many persons have been deceived into the belief that one of the most respectable and time-honored institutions of this city, has been engaged in this nefarious business. A little more than two years ago at the meeting of the British Medical Association in Dublin, Sir DOMINIC CORIGAN, made a very offensive allusion to the supposed fact that some of our reputable schools were selling diplomas in Great Britain.

Now it is due to truth and justice that the institution that has its diplomas in the market for sale should be exposed, so that it may be known what its honors (?) are worth. We know that medical, law, and divinity honors are on the market, and that they can be had *cheap*, say from \$40 to \$200. We have those figures before us for medical diplomas, accompanied with the assurance that it is not at all necessary to attend lectures—but the diplomas will be sent by express C. O. D. That is the shape—the *practical* shape the business takes!

We want our readers to aid us in exposing this business. We are accumulating testimony, but want all we can get. If *diplomas* purporting to have been issued by any chartered institution are known to be in existence that have been bought, we want to see some of them—the more the better. It may be difficult to get hold of them, but we hope that our readers will spare no pains to secure such documents that the institution or institutions that issue them may be properly ex-

posed, and such steps taken as shall be likely to protect the community from such impositions hereafter.

In our news columns will be found an exposition taken from a western paper, of the operations of one of these agents, who got himself into trouble.

PROPORTIONS OF THE HUMAN FIGURE.

A little more than a year ago one of the editors of this journal published an article calling attention to the rules of artists in reference to the mensuration of the human subject, and the laws which govern the relative size of the parts. (See MED. AND SURG. REPORTER, January 1, 1869, pp. 1-5.) At that time Dr. B. A. GOULD's "Military and Anthropological Statistics of American Soldiers" had not appeared, nor was the writer aware what conclusions on the proportions of the human figure were there advanced. Those who have looked into Dr. GOULD's tables will have found that he says that the numerical ratios of the artist "do not exhibit themselves otherwise than as coarse approximations," when we apply them to living men of our day. He, therefore, throws some doubt on the correctness of these ancient rules, but in fact, as is well observed by the editor of the London *Medical Times and Gazette*:

There is no reason to conclude that the average type of man as he exists will coincide with the most beautiful type. The gardener does not identify the beautiful type of a pansy with the average type—with the mean of existing variations—but with that true circularity of the flower, the approach to which he finds carries with it a constant enhancement of beauty. The sense of beauty is here the guide to experiment, and in the morphology of the human form no less the sense of the beauty of proportion has been the guide to search for, not to say discovery of, the secrets of proportion on which, by something more than "fancy or wild conjecture," it has been so long assumed that beauty must depend. It is a very hard saying, that a belief in the dependence of beautiful types on simple numerical proportions of parts, admitted to be not only popular, but almost universally adopted by artists, and inculcated by many eminent and learned men, is a belief sufficiently accounted for by (p. 320) the predisposition to believe it. Whence the predisposition? The answer is from no irrational superstition; from the direct observation of particular instances—the perception that, however averages may fall, the arrangement of the face on a principle of equal thirds tends to beauty; from the analogy of all the arts to which, as to music, exact measures are applicable; from the experimental proof that the Greek artists who held to the principle most absolutely, realized beauty most successfully; in brief, from observation of general nature and of organized life. The two sides of the human frame are not more palpably in proportion to each other than, in any particular in-

stance not self—condemned for deformity, the upper to the lower members, though the ratio may not be as uniform or as obvious as in that case, or even as between the fore and hind quarters of quadrupeds. It is no vain assumption—no false principle of guidance in physical investigation—that when number and quantity have rule in the production of harmonious effects, simple ratio and definite proportion assert their supremacy; and no investigation is on the best track that does not lead on to the determination of them, or is likely to find it unless holding hard by this preliminary assumption.

The elaborate works of the Greeks on symmetry as applied both to architecture and the human frame are unfortunately lost. Polycletus wrote not only on the symmetry of theatres, but of the human figure, and his renown certifies that he did not write at random. Galen, quoting intermediately from Chrysippus in a well-known passage, states that his theory set forth the proportionateness of each member to that adjacent and their joint proportionateness to the whole—thus of finger to metacarpus, of hand to arm, of arm to body, and so forth.

No doubt by a proper attention to the measurements of the most approved model, this last theory of symmetry could be recovered. The researches of Mr. Hay, a writer on art, seem to show conclusively that the true ratios of beauty correspond to the vibrations of a monochord, and can be expressed in mathematical symbols, precisely as these latter can. We all know that musical notes, even those which compose the wildest and most beautiful sonata, are strictly subservient to algebraic rules. So there is no reasonable doubt but that the same laws govern the proportions and relations of the human body.

SMALL-POX IN NEW YORK.

All exaggeration aside, the small-pox is too prevalent to be pleasant in New York. The Board of Health are evidently exercised by it. It is a sad comment on the perversity of human nature, that a disease which is so entirely under the control of science, that to use a favorite English phrase, it can be "stamped out," should sum up 2000 cases and 240 deaths in fifteen months in one city. And the disease seems to be still very prevalent, if not increasing.

At a meeting of the Board of Health held on the 19th, three physicians were reported as having attended cases of small-pox without reporting them. The cases were referred to the Attorney for prosecution.

The records of the Sanitary Superintendent show that during the year ending October 1st, 1869, there were 539 cases of small-pox in the

hospital, only 67 of which came from sources other than Quarantine and through Commissioners of Emigration, with 46 deaths. During the same period there were 593 cases in the city, with 67 deaths, making a total of 1,132 cases and 107 deaths. During the three months, from October 1st to January 1st, 1870, there were 593 cases with 109 deaths. To this must be added the number, which is unknown, treated in the hospital during the same time. Altogether there is a total of about 2,000 cases, and 240 deaths in the last 15 months. Thus far this month (Jan. 19th) there have been only 8 deaths, and the number of cases reported this week is 53.

The statement that numbers of patients have escaped from the room in which they are placed at Bellevue Hospital, preparatory to being sent to the Island, is untrue, only one having escaped. No attempt is made by the health officials to conceal any facts, and if their efforts are seconded by all persons who become cognizant of the existence of new cases, and their orders and instructions are fully obeyed, the epidemic may soon be effectually overcome.

The Board of Education has adopted and placed in its new manual the following, addressed to parents—"To implicitly confide in the Board of Health and its vaccinating physicians, as we are fully convinced that the vaccine matter used is selected with the most scrupulous regard to the health of the respective individuals from whom such matter is taken, and that it is therefore, in the interest of parents, and for the benefit of their children, to assist to the utmost the just named officers in the performance of their duty."

Notes and Comments.

Consanguineous Marriages.

We have repeatedly discussed this topic in our pages, but not too often, for it is one of the most important questions in social life with which the physician has to deal. Dr. ROBERT NEWMAN's "Report of the Committee on the Results of Consanguineous Marriages," presented last year to the New York State Medical Society, a copy of which we recently received, leads us to refer again to the topic. Our readers are aware that we have thrown doubt on some of the alleged serious effects of such marriages. We are gratified, therefore, to find Dr. NEWMAN saying, as the result of his studies, that they "assuredly leave the question of the results of

consanguineous marriages, although strictly an undetermined one, yet relieved of much of the evil with which it has been hitherto charged."

Statistics of Providence.

In the last monthly return of Dr. EDWIN M. SNOW, Registrar of Providence, R. I., he gives the following statistics, which are valuable for comparison on account of their correctness. We wish that every city in the United States could have a physician as Registrar equal in ability and interest in the subject, to Dr. SNOW.

Year.	Population.	Deaths.	Deaths to pop., 1 in
1864	53,810	1,281	42.01
1865	54,595	1,211	45.08
1866	55,600	1,036	53.67
1867	56,800	960	59.16
1868	64,200	1,110	57.54
1869	66,500	1,254	53.03

There was an increase of 144 in the number of decedents in 1869, as compared with 1868. Of this increase, 88 were from scarlatina.

Medical Society of the District of Columbia.

This Society has made an appeal to Congress, setting forth that the refusal of the colored physicians' application for membership in it, was upon social grounds, and did not interfere in any manner with the rights or privileges of those physicians as practitioners. The appeal concludes: "This society does therefore most solemnly, in the presence of the public, protest against a tyrannical attempt to punish it for the exercise of an undoubted and legitimate right, and in the absence of any express legislation to meet the emergency, the opposition to which might then be justly chargeable to the society as a misdemeanor." In making our remarks on pp. 59 of this volume in reference to this society, we were under the impression, shared at that time by many, that in refusing colored physicians membership, the society also denied them some professional privileges. We are glad to learn it not so.

An esteemed correspondent at Washington says in reference to this subject:

"We denied the colored practitioners no legal right, but on the contrary, yielded points in their favor, and granted them license in a public manner, and noted the action upon our minutes just as we would have done in the case of any applicant."

No one doubts the right of men to choose their own associates, and whatever may be the ultimate result of the present agitation, we fail to see the propriety, or expediency of any attempt on the part of Congress to compel, by legislation, any society to receive members contrary to their wishes.

Medical Society of Iowa.

The 18th annual meeting of the Medical Society of Iowa will be held in the city of Des Moines, commencing at 10 o'clock A. M. on Wednesday, Feb.

23d, 1870, the meeting having been postponed from the 6th of February.

There are thirty-four committees to report on almost every conceivable medical subject. O! if they only *would* report, and the Society hand the reports over to an able committee, and have them well edited and published, what a splendid "Year Book" the transactions would make! Will they not set so good an example? We could promise them a speedy *sale* of a thousand copies of such a book. Try it, friends in Iowa, try it!

Correspondence.

DOMESTIC.

The Sixth Position of Vertex Presentation.

EDS. MED. AND SURG. REPORTER:

Obstetrical writers of the present day recognize but four positions in vertex presentations at the superior strait of the pelvis: The occiput to the left and right acetabulum, constituting the first and second; and the os frontis to the same points in the pelvis, constituting the third and fourth. The writers, however, immediately preceding the present generation,—and prominently among them, the great French teacher Baudelocque, made six positions of this presentation;—the third and sixth of his classifications being omitted by more recent writers as a useless encumbrance in obstetric teaching. This is perhaps justified by the infrequency of their occurrence. In these two positions the occipitofrontal diameter of the head corresponds with the antero-posterior diameter of the pelvis; the sixth position being that in which the os frontis corresponds to the pubic symphysis, and the occiput to the sacro-vertebral promontory.

It is to the last of these positions that I wish particularly to refer, as its extreme rarity should attach to it more than an ordinary share of interest when it chances to be met with. This can be better appreciated when it is remembered that in about 54,000 accouchements, under the care of such observers as Naegele, La Chapelle, Dubois, Boivin, Baudelocque, etc., there was noticed but *three* cases of this position. Reasoning from this data, it is fair to conclude that many thousands of labors happen under the care of superficial observers, without this position being noticed at all, unless it chance to prove a barrier to the progress of labor, is in the case below related. I have never noticed it mentioned in *periodical* literature.

Prof. BEDFORD omits both the third and sixth positions of Baudelocque in his "classification;" but refers to them in connection with "instrumental delivery."

Let the foregoing remarks serve as an introduc-

tion to the records of a case which accidentally came to my notice on the 1st day of the present month, January, 1870.

Patient aged 38, in good health, ninth confinement, under the care of a most intelligent young physician, had been in labor forty-two hours; the last twenty of which had been with the os uteri fully dilated and the waters escaped; the most powerful expulsive pains being present most of the time. On examination found the general condition of the mother comparatively good; though of course, as might have been expected, the pains had grown somewhat feeble, and were tending toward final cessation. The touch revealed the fact that the head was high up, almost out of reach of the finger, reaching on the brim of the pelvis; the uterus embracing the body, neck, and base of the head as closely as a powerfully excited and contracted state of the organ would allow. I found the forehead of the child resting against the superior face of the symphysis pubis, and the occiput at the promontory of the sacrum; and made unavailing efforts to change the head to a more favorable position. Notwithstanding the fact that I had always regarded forceps deliveries as almost invariably impracticable in delivering from the superior strait, I attempted to use them in this case, but utterly failed to apply them. Turning was not now to be thought of, and as the child was already dead, the operation of craniotomy was resorted to, and the woman safely delivered. She is now, six days after delivery, doing well, and likely to recover without a single untoward symptom. There had never been anything unusual in her former labors, nor was there anything to which the present mal-position might be attributed.

New Market, Mo. J. P. CHESNEY, M. D.

Treatment of Gleet.

EDS. MED. AND SURG. REPORTER:

Your correspondent, under "queries and replies," in your issue of 15th inst., on the subject of the treatment of a case of gleet, may find a means of curing his patient in the following plan of treatment:

The patient should be continent and avoid everything that tends to excite libidinous desires. The moral means being observed, a metallic bougie, as large as the urethra will conveniently admit, should be passed through the urethra into the bladder once every five or six days, and allowed to remain ten or twenty minutes at each sitting. In addition, the patient should be put upon two grains of sulphate of quinine, and twenty drops of a mixture of equal parts of the tincture of the chloride of iron and tincture of cantharides, three times daily.

The bougie should be passed, and the other reme-

dies used for some time after all discharge has ceased.

At first the passage of the bougie may increase the discharge, but any increase will be temporary.

The above plan of treatment I employ constantly in old cases, and do not know of any one of my cases in which it has failed in effecting a permanent cure.

THOMAS HAY, M. D.

1208 Vine St., Phila., Jan. 17th, 1870.

NEWS AND MISCELLANY.

A Forger of Diplomas Caught.

We find the following in the Toledo, Ohio, *Commercial*, of a recent date:

In the latter part of October last, Dr. Alexander McMillen, of Genoa, Ottawa county, received a letter, dated Lucas, Richland county, Ohio, in which the writer proposed to furnish the Doctor with a diploma from the "American University, of Philadelphia," provided Dr. McMillen would pay two hundred dollars for the same. The Doctor at once consulted his attorney, who advised him to answer the letter and lead the Lucas doctor, who signed himself "G. Galloway, M. D.," into a more full exposure of the business, if possible. In the first letter the Genoa doctor was asked to obtain the certificates of two physicians that he had been for five years a successful practicing physician, but in subsequent letters it was said this might be dispensed with, and he would get the diploma without such certificate. Dr. McMillen, finding that he could get nothing further out of Dr. Galloway, ordered a diploma, which was to be forwarded with charges to the amount of \$200, "C. O. D." He also stated that he would probably visit the agent for these diplomas, and intimated that he had a friend who would like a diploma.

The correspondence ended about the 1st inst., and a few days ago the diploma arrived at Genoa, and purported to have from No. 225 North Twelfth street, Philadelphia. A warrant was at once issued, and on Friday the constable at Genoa started down to Richland county after his man. Lucas is a small village about seven miles from Mansfield, and the constable went to the latter place and inquired for Dr. Galloway, who lives at Lucas. No one knew such a man, but soon he saw a person who pointed to a man across the street, and remarked that the person pointed out resided at Lucas, and that his name was Dr. Burch. The constable went to the man and asked if he knew a physician at Lucas by the name of Galloway. "I answer to that name," said he; "Is this Doctor McMillen?" "No," replied the constable; "but you are my prisoner." The man was at once taken to Genoa, without being allowed to return home. On Saturday he

was taken before a Justice at Genoa, but he got his case continued until the 12th inst., he being sent to jail at Port Clinton to await the time of trial.

Amateur and Regular Physicians.

A writer in *Britannia* pays the following well merited tribute:

"For gentleness, courage, endurance, perseverance, true benevolence, commend me to a regular physician. I know no profession so crowded with brave, noble natures as the medical profession. They are the repositories, and in nearly all cases, the faithful repositories, of terribly delicate secrets. They have greater power than any priest can have, to blight the happiness of many men and women. Bound by no sacred vow, like the priest, their own consciences, their own high sense of honor—aye, if you will have it so, their self-interest—keeps them faithful to their trust. No class in the world have more opportunities of doing good, and avail themselves of those opportunities more assiduously than doctors. In the hour of doubt, of fear, of despair, how we fly to them! In the pangs of sickness, in the agony of death, how we cling to them! In the hour of health, of joy, of hope, of confidence, how we slight them, how we abuse them!"

Faraday on Human Credulity.

The *Scientific American* quotes the following from FARADAY: I have not been at work except in turning the tables upon the table-turners. Nor should I have done that, but that so many inquiries poured in upon me that I thought it better to stop the inpouring flood by letting all know at once what my views and feelings were. What a weak, credulous, incredulous, unbelieving, superstitious, bold frightened—what a ridiculous world ours is as far as regards the mind of man! How full of inconsistencies, contradictions, and absurdities it is! I declare that, taking the average of many minds that have recently come before me (and apart from that spirit which God has placed in each), and accepting for a moment that average as a standard, I should far prefer the obedience, affections, and instinct of a dog before it. Do not whisper this, however, to others. There is, One above who worketh in all things, and who governs even in the midst of that misrule to which the tendencies and powers of men are so easily perverted.

Death of an Eminent Chemist.

Otto Linne Erdmann, Professor of Chemistry at the University of Leipsic, born in Dresden, April 11, 1804, died after a protracted illness, on the 9th of October, 1869. He was particularly famous as the founder of *Erdmann's Journal of Applied Chemistry*, which he started in 1828, but he has also been

